## L22000009668

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





200395008792

03/26/22--01025--002 \*\*30.00

## **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT: 6101	MPING WIVE	PYSITY II C		
The enclosed Articles of Ame				
Please return all corresponden	ice concerning this matter	to the following:		
-	TIOBAH	Name of Person		
_	Glami	DING UNIVERSITY -Firm/Company		
_	1825 Nn	J COLPINATE BIVE S-	FEIIO_	1915.ic
_	Boca ra-	City/State and Zip Code		Provide Committee 11
	Glamî E-mail address: (	PING UNIVERSITY OF Groot notification to the used for future annual report notification to the used for future and the used for future annual report notification to the used for future annual report notification to the used for future annual report notification and future annual report notification to the used for future annual report notification and future annual report notif		. 9:
For further information concer		_		<u> </u>
TOBAHE Name of Pers	on	at (954) 417 Q Area Code Daytime To	OOZ_ elephone Number	
Enclosed is a check for the fol	lowipg amount:			
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is end	tus &
Mailing Address: Registration Secti	on	Street Address: Registration Section	on	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Olampha (Name of the Limited)	Liability Company as it r A Florida Limited Liability (	now appears on our s	records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L220000</u>	bility Company were fi	led on	3/2022	and as	ssigned
This amendment is submitted to amend the follow	wing;				
A. If amending name, enter the new name of t	the limited liability cor	npany here:			
The new name must be distinguishable and contain the wor		oany," the designation	"LLC" or the abh	oreviation "I	l.,C."
Enter new principal offices address, if applical	<del>"</del>	<del></del>			
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>				<u>5.</u> 5. 5.
Enter new mailing address, if applicable:				EP 26 A	60 COV
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )			<u> </u>	(2) (2) (2) (3) (4)
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address <u>here</u> :	on our records, g	enter the name	of the ne	w registered
Name of New Registered Agent:	_ Tio B	1Atett			
New Registered Office Address:	1825 NW	<u>COLPCIA R</u> Enter Florida street d		+E11(	<u> </u>
	BOCA (att	)()	_, Florida	3343 Zip Code	<u> 31</u>

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	Desarine maragn	1825 NW COrporate Bird	□Add
		Svite 110 Bocaraton A 33431	DRemove
		1825 NW CORPTRATE BIVE	
AP	TIOBAITHEH	StEllo Bocarcuton 3343	<u>j</u> MAdd
			□Remove
MER			
NOOD	TIO BAINHEH	1825 NW COLDYCHE BIV	1 ⊠Add
		STELLO BOXOLOHON F1334	B]□Remove
			□Vqqq
			26 - R <b>@</b> over!!!
			9: 15 15 15 15 15 15 15 15 15 15 15 15 15
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

	<del></del>		<del></del>		_
		<del></del>			_
		<del>.</del>		<del> </del>	_
					_
				22 :	:- -: :-: .
				<u> </u>	
		<del></del> _		<u> </u>	_=:
				<b>A</b>	
				و و	— <u>}                                   </u>
			<del></del>	- <u>- :</u>	
					_ r 
					_
	<del> </del>				_
ective date, if other tha	n the date of filing: _			(optional)	
effective date is listed, the date: If the date inserted in t	e must be specific and can his block does not meet	nnot be prior to date of t the applicable state	filing or more than 90 day	rs after filing.) Pursuant to 6	05.02 isted :
ument's effective date on			g .equiremen	to, this date will not be .	ioica i
cord specifies a delayed ef s filed.	fective date, but not an	effective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day a	fler th
cd <u>SEPHINDI</u>	2(21	2022.			
ed <u>SCPHMD</u> 1	Signature of a men	distribution of the state of th	resentative of a member		